



Payoff Request Form
(Title Co. Request)

Date:

Loan Number: _____

Please provide a payoff statement for the above referenced loan. (All payoff statements are issued for period of 30 days.) If you wish a different time period, please indicate here: _____)

Borrower(s): _____

Street: _____

City: _____

State: _____ Zip _____

Telephone No.: _____

Please indicate if the payoff statement should be mailed to
the above address ☐ or faxed ☐ to _____ (fax
number) Attn: _____.

Thank you.

Borrower

Borrower

Fax this request to CalHFA, Loan Servicing, 916-326-6420